



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 22, 2012

Rod Barton, Administrator
Cassia Regional Medical Center
1501 Hiland Avenue
Burley, Idaho 83318

RE: Cassia Regional Medical Center, Provider ID# 131326

Dear Mr. Barton:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Cassia Regional Medical Center, on June 20, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Rod Barton, Administrator
June 22, 2012
Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by **July 5, 2012.**

Thank you for the courtesies extended to me during my visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M P Grimes', followed by a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/21/2012
FORM APPROVED
OMB NO.0938-03.91

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131326	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2012
NAME OF PROVIDER OR SUPPLIER CASSIA REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 HILAND AVENUE BURLEY, ID 83318		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ESC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The hospital is a 87,000+ square foot single story with mechanical penthouse building of Type II Protected Construction, Plans were approved in September of 1993 and building construction completed in July of 1995. The building is protected throughout by a complete automatic fire extinguishing system designed/installed per NFPA Std 13 for a light hazard occupancy. There is a complete fire alarm system throughout including smoke detection in the corridors and open areas. There are multiple exits that discharge to grade; one (1) horizontal exit; three (3) exits to grade from suites; and, an exit at the corridor opening to the physically attached, but two (2) hour separated, medical office building, The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Medical gases and vacuum are supplied by a level 1 piped system. The facility was operating with interim life safety measures in place during a rehabilitation of all fire and smoke barriers throughout the Hospital during the survey. The facility was surveyed as an Existing Health Care Occupancy under the Life Safety Code, 2000 Edition as adopted by the Centers for Medicare and Medicaid in March of 2003 in accordance with 42 CFR 482.41.(b). The Life Safety Code survey was conducted on June 19 and 20, 2012 by Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program, Bureau of Facility Standards, Idaho Department of Health and Welfare.	K 000		
K038	The following deficiency was cited: NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Richard Smith Administrator

7-3-2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131326	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2012
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NAME OF PROVIDER OR SUPPLIER CASSIA REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 HILAND AVENUE BURLEY, ID 83318
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K 038	<p>Continued From page 1</p> <p>accessible at all times In accordance with section 7.1. 19.2.1</p> <p>This Standard is not met as evidenced by: Based upon observation, interview and operational testing the facility failed to ensure immediate access to exit discharge. Failure to provide immediate and direct access to exits can cause panic and injuries or death.</p> <p>Findings include:</p> <p>During the facility tour on June 19, 2012 between 1:30 PM and 5:00 PM observation revealed electro-magnetic locks used to secure three (3) direct exit doors at the mother baby unit; med/surg unit, and the critical care unit without a clear clinical need to lock these doors. The doors were secured from exiting without a staff only magnetic swipe card. Operational testing indicated that without staff assistance, the door would not release upon attempting to exit, Operational testing on June 20, 2012 at 9:45 AM revealed the door mechanism did release upon activation of the fire alarm.</p> <p>Interview with the Director of Safety, Security and Environmental Health, indicated that the facility believed the security of infants over rode the need to maintain immediate access, and therefore the staff control of these looking devices was allowed. This deficient practice affected all patients, staff and visitors present on the dates of the survey. The facility is licensed for 25 beds and had a census of 24 on June 19, 2012.</p> <p>Actual NFPA standard:</p>	K 038	<p>K 038: The door locking mechanism for these three doors will be replaced with a delayed-egress locking product. A SDC Exit Check Integrated Delayed Egress Locks product has been selected. This device meets the NFPA 101, Life Safety Code 7-2.1.6.1.</p> <p>A purchase order has been placed by John Shell, the Engineering Department Manager through Hi-Tech Security, Inc. Some local work for a custom part to adapt the locking device to the style of door currently in place at the hospital is in the process of being made. The locking mechanism will be installed and hospital staff will be educated regarding the functioning of delayed-egress mechanism. Mock Drills will be conducted once the new mechanism has been installed and education is completed. Project management and results of Mock Drills will be reported to the Environment of Care Committee. Targeted project completion will be 9/5/2012.</p>	9/5/2012

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K 038	Continued From page 2	K 038			
	<p>19.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1: Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. (See 19.1.1.1.5 and 19.2.2.2.5.) Exception No. 2*: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. Exception No. 3: Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted.</p>				

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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a 87,000+ square foot single story with mechanical penthouse building of Type II Protected Construction. Plans were approved in September of 1993 and building construction completed in July of 1995. The building is protected throughout by a complete automatic fire extinguishing system designed/installed per NFPA Std 13 for a light hazard occupancy. There is a complete fire alarm system throughout including smoke detection in the corridors and open areas. There are multiple exits that discharge to grade; one (1) horizontal exit; three (3) exits to grade from suites; and, an exit at the corridor opening to the physically attached, but two (2) hour separated, medical office building.. The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Medical gases and vacuum are supplied by a level 1 piped system. The facility was operating with interim life safety measures in place during a rehabilitation of all fire and smoke barriers throughout the Hospital during the survey.</p> <p>The facility was surveyed as an Existing Health Care Occupancy under the Life Safety Code, 2000 Edition as adopted by the Centers for Medicare and Medicaid in March of 2003 in accordance with 42 CFR 482.41.(b) and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The Life Safety Code survey was conducted on June 19 and 20, 2012 by Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program, Bureau of Facility Standards, Idaho Department of Health and Welfare,</p> <p>The following deficiency was cited:</p>	B 000	<p>BB 161:</p> <p>The door locking mechanism for these three doors will be replaced with a delayed-egress locking product. A SDC Exit Check Integrated Delayed Egress Locks product has been selected. This device meets the NFPA 101, Life Safety Code 7-2.1.6.1.</p> <p>A purchase order has been placed by John Shell, the Engineering Department Manager through Hi-Tech Security, Inc. Some local work for a custom part to adapt the locking device to the style of door currently in place at the hospital is in the process of being made. The locking mechanism will be installed and hospital staff will be educated regarding the functioning of delayed-egress mechanism. Mock Drills will be conducted once the new mechanism has been installed and education is completed. Project management and results of Mock Drills will be reported to the Environment of Care Committee. Targeted project completion will be 9/5/2012.</p>	

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if deficiencies are cited, an approved plan of correction is requisite to continued program participation,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Administrator

TITLE

(XG) DATE

7-3-2012

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8B161	Continued From Page 1	BB161		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals, General Requirements. General requirements for the fire and life safety standards for a hospital are that:</p> <p>The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public.</p> <p>On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public.</p> <p>This RULE: is not met as evidenced by: Refer to the following deficiencies identified on Federal Form 2567</p> <p>K038 Exit Doors Locked</p>	BB161		9/5/2012

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.